

Nevada State Business License Cancellation Statement For Sole Proprietors and Partnerships Only

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Completing this form does not relieve you of any statutory or regulatory requirements relating to your business.

This form is for the use of sole proprietorships and partnerships holding a State Business License. It <u>MAY NOT</u> be used by those entities organized pursuant to NRS Title 7 and on file with the Secretary of State that file an annual list.

* Asterisks indicate required information. Incomplete forms will be rejected.

lame as it appears on Busine IV Business ID # (NV Secreta		d, may be found	on business licen	so cortificato\	
IV Business ID # (NV Secreta	ry of State - issued	d, may be found	on business licens	so cortificato)	
IV Business ID # (NV Secreta	ry of State - issued	d, may be found	on business licens	ce certificate)	
				se cermicate)	
Pursuant to Chapter 76 of Ne pusiness will no longer be co Business License as of:					
Signature must be that of the icense.	sole proprietor	or a partner	of the partnersh	ip canceling it	s State Business
f my knowledge and belief ar	nd acknowledge	e that pursual	nt to NRS 239.33	30, it is a categ	ory C felony to
irst Name	Middle (Optional)		Last Name		Suffix
{					
)	f my knowledge and belief ar nowingly offer any false or fo	f my knowledge and belief and acknowledge nowingly offer any false or forged instrume	f my knowledge and belief and acknowledge that pursual nowingly offer any false or forged instrument for filing in	f my knowledge and belief and acknowledge that pursuant to NRS 239.33 nowingly offer any false or forged instrument for filing in the Office of the	declare under penalty of perjury that the information provided is true, correct and comply find the secretary of the secretary of secre



Authorized Signature

ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

ePayment Checklist (For Counter, Fax and Mail Requests)

					USE BLACK	INK ONLY - DO NOT HIGHLIGHT
Service Type:	Counter	Mail	Fax			
Order Processing Reques	sted:	(Exped	ite Processi	ng <i>Requires</i>	Additional	Fees)
Regular Processing	24-H0	OUR Expedite	2	HOUR Expe	dite	1-HOUR Expedite
Payment by Card	(card holder i	name and bil	ling address	required be	elow)	
Card Type: VISA		MasterCard		Discover	Ar	nerican Express
Customer Credit Card Nu	umber:					V CODE*
	t number found on the				nd Discover care	ds
NOTICE: For security and (VCode) number located o request.	d verification pur	poses, all cred	dit card paym	ents must inc		
Credit Card Expiration Dat	te: Month		Yea	r		
			Am	ount to Ch	arge Card	: USD \$
Order Information	ı (required)					
Entity Name/Order R	deference:					
Card Holder Informa	tion:					
Name as it Appear	rs on the Accour	nt				
	Billing Addres	ss				
	City, State, Zi	ip				
	Telephon	ie				
Payment Authoriz I authorize the Secretary of account(s):		amount not to	exceed the	following to b	e charged to	the above listed
X			Nc	t to Excee	d Amount	·· USD \$